

Welcome, County of Sonoma Retirees!

The County of Sonoma
has chosen for
your consideration:
An AARP® Medicare
Supplement Insurance
Plan, insured by
UnitedHealthcare
Insurance Company.



This presentation is for retirees of the County of Sonoma residing in California.

GU25057STGRS

PRESENTATION GOALS

Today's presentation is to help you understand your AARP Medicare Supplement Insurance Plan options. This presentation will cover:

- The different parts of Medicare.
- Medicare supplement insurance and how it works with Medicare.
- Features of AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.
- Employer-specific information.
- How to enroll if you're ready.
- Answers to any questions you may have.

ORIGINAL MEDICARE EXPLAINED

Medicare is health insurance created by the federal government. Medicare Parts A & B help to cover basic hospital and medical services.

What Medicare Parts A & B Help to Cover:



Part A:

Hospital Insurance helps cover:

- Inpatient hospital care.
- Inpatient mental health care.
- Skilled nursing facility care.
- Home health care.
- Hospice care.
- Some blood for transfusions during inpatient care.



Part B:

Medical Insurance helps cover:

- Physician services.
- Outpatient hospital services (minor surgeries).
- Laboratory services.
- Outpatient blood.
- Home health care.
- Ambulance.
- Outpatient mental health.
- Durable medical equipment (wheelchairs, oxygen, etc.).
- Outpatient physical, occupational and speech-language therapy.
- Some preventive care (i.e. flu and pneumonia shots).

EXPLORE SOME OF YOUR CHOICES

Enroll in Original Medicare when you become eligible.

Depending on your budget and health care needs, you have options:

Option 1

Keep Original Medicare only



Keep Original Medicare and add Medicare supplement insurance, offered by private companies

Covers some or all of the costs not paid by Parts A & B

And/or add Medicare Part D, offered by private companies



Covers prescription drugs

ELIGIBILITY

Those eligible for Medicare are:

- Age 65 or older.
- Under 65 with certain disabilities.
- People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

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WHAT MEDICARE PAYS



Hospital Insurance

SERVICE	MEDICARE PAYS	YOUR COST SHARE
Hospitalization	Days 1-60 — All but \$1,260	\$1,260
	Days 61-90 All but \$315 per day	\$315 per day
	Days 91-150 (Lifetime Reserve Days) All but \$630 per day	\$630 per day
	Nothing beyond 150 days (After using Lifetime Reserve Days)	All costs for the remainder of the hospital stay
	First 3 pints of blood — \$0	100%
Skilled Nursing Facility Care	Days 1-20 100% of approved amount	Nothing
	Days 21-100 All but \$157.50 per day	\$157.50 per day
	Days 101+ — No benefit	All costs for the remainder of your stay

A Medicare supplement plan may help cover some or all of these costs.

MEDICARE PART B WHAT IT PAYS; WHAT YOU PAY



Medical Insurance

SERVICE	MEDICARE PAYS	YOUR COST SHARE
Medical Expenses, Outpatient Hospital Expenses	Generally 80% of the approved amount (once the annual deductible has been met)	\$147 deductible per calendar year
		20% of the approved amount

- These costs are in addition to the monthly Medicare Part B premium, which you will need to pay.

A Medicare
supplement plan
may help cover
some or all of
these costs.

WHY CHOOSE A MEDICARE SUPPLEMENT PLAN?

Budgeting

- Helps you limit the out-of-pocket costs that Medicare Parts A and B don't pay, such as deductibles and co-insurance amounts.

Convenience

- Plans offer the freedom to go to any hospital or physician accepting Medicare patients.
- No referral needed to see specialists.
- Range of coverage options to best suit your health care needs.
- Virtually no claim forms for you to file.
- A 30-day "free look" period for you to decide if you want to keep the plan.

Flexibility

- Coverage goes with you when you move or travel anywhere in the U.S.
- You have foreign travel coverage for emergency services (with some plans).
- Coverage is guaranteed to continue as long as you pay your premium when due and you have made no material misrepresentation on the application.

WHY CHOOSE AN AARP MEDICARE SUPPLEMENT INSURANCE PLAN?

Stability

- Annual rate increases have been 2.9% on average between 2011 and 2015, while varying by specific plan, state and year.*
- The only Medicare supplement plans that offer plans in all states.

Service

- 9 out of 10 plan holders surveyed would recommend their plan to a friend or family member.**
- Knowledgeable licensed insurance agents/producers are available to assist you.
- Enjoy the flexibility to change to another AARP Medicare Supplement Plan at any time, if you qualify.***
- You benefit from exclusive member services — at no additional cost to you.†

Experience

- Trusted by more than 4 million members.*
- Backed by the experience and expertise of UnitedHealthcare Insurance Company ("UnitedHealthcare").

*From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Plans," August 2015, www.uhcmembersstats.com or call 1-800-523-5800 to request a copy of the full report.

**From a report prepared for UnitedHealthcare Insurance Company by GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," 8/24/15, www.uhcmembersstats.com. Call 1-800-523-5800 to request a copy of the full report.

***If you choose to change plans, you may be underwritten and may not be accepted into the plan.

†These are additional insured member services apart from the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability, and may be discontinued at any time.

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AARP MEDICARE SUPPLEMENT PLANS

MEDICARE SUPPLEMENT PLANS	A	B	C	F	K	L	N
Medicare Part A	✓	✓	✓	✓	✓	✓	✓
Co-insurance and Hospital Benefits	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	—	✓	✓	✓	50%	75%	✓
Medicare Part B Co-insurance or Co-payment	✓	✓	✓	✓	50%	75%	Co-pay ¹
Medicare Part B Deductible	—	—	✓	✓	—	—	—
Medicare Part B Excess Charges*	—	—	—	✓	—	—	—
Blood (First Three Pints)	✓	✓	✓	✓	50%	75%	✓
Foreign Travel Emergency (up to plan limit) ²	—	—	80%	80%	—	—	80%
Hospice Care Co-insurance or Co-payment	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Co-insurance	—	—	✓	✓	50%	75%	✓
2015 out-of-pocket limit (plans K and L only) ³					\$4,940	\$2,470	

¹Plan pays Part B co-insurance or co-payment except for an insured co-pay of up to \$20 for each doctor's office visit and up to \$50 for each emergency room visit (emergency room co-pay waived if admitted as inpatient).

²Beneficiaries must pay a separate deductible for a foreign travel emergency (\$250 per year) and a lifetime maximum benefit of \$50,000 applies.

³The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$147 in 2015).

*Under Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plan F pays benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law.

Chart reflects 2015 data.

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AARP | Medicare Supplement Plans
 Insured by **UnitedHealthcare Insurance Company**

County of Sonoma Information

The following plans are being highlighted for you: A-N

MEDICARE SUPPLEMENT PLANS	A	B	C	F	K	L	N
Medicare Part A	✓	✓	✓	✓	✓	✓	✓
Co-insurance and Hospital Benefits	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	—	✓	✓	✓	50%	75%	✓
Medicare Part B Co-insurance or Co-payment	✓	✓	✓	✓	50%	75%	Co-pay ¹
Medicare Part B Deductible	—	—	✓	✓	—	—	—
Medicare Part B Excess Charges*	—	—	—	✓	—	—	—
Blood (First Three Pints)	✓	✓	✓	✓	50%	75%	✓
Foreign Travel Emergency (up to plan limit) ²	—	—	80%	80%	—	—	80%
Hospice Care Co-insurance or Co-payment	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Co-insurance	—	—	✓	✓	50%	75%	✓
2016 out-of-pocket limit (plans K and L only) ³					\$4,960	\$2,480	

¹Plan pays Part B co-insurance or co-payment except for an insured co-pay of up to \$20 for each doctor's office visit and up to \$50 for each emergency room visit (emergency room co-pay waived if admitted as inpatient).

²Beneficiaries must pay a separate deductible for a foreign travel emergency (\$250 per year) and a lifetime maximum benefit of \$50,000 applies.

³The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$166 in 2016).

*Under Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plan F pays benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Chart reflects 2016 data.

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A MEDICARE SUPPLEMENT PLAN IN ACTION

Susan was hospitalized for several days after a fall left her with a broken hip. She was then released to a skilled nursing facility for 23 days and had two follow-up doctor's appointments as well. Below is what Susan's out-of-pocket expenses could look like with only Medicare Parts A and B, as well as what her expenses could look like with Medicare supplement plans N and F:

DESCRIPTION OF SERVICE	Medicare Parts A and B Only	Medicare Supplement Plan N	Medicare Supplement Plan F
Part A deductible for hospital stay benefit period	\$1,260	\$0	\$0
Part A co-insurance for two days in a skilled nursing facility Days 1-20 are covered by Medicare. Days 21 and 22 would not be covered by Medicare. (2 days @ \$157.50/day)	\$315	\$0	\$0
Part B deductible (Assumes Susan has not satisfied her Part B deductible for the year)	\$147	\$147	\$0
Part B co-insurance/co-payment (Generally 20% of the Medicare-approved amount)	\$29.40	\$20*	\$0
Total Susan would pay for this medical event	\$1,751.40	\$167	\$0

The situation above is fictitious and for illustrative purposes only.

*Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Susan would also need to pay her plan premium as an out-of-pocket cost.

Information in this chart reflects cost and cost-sharing information from 2015.

In this example, the Medicare-approved amount for each doctor visit is \$147 and the doctor accepts Medicare's assignment.

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A MEDICARE SUPPLEMENT PLAN IN ACTION

Alice is in good health but also recently had a one-week hospital stay due to a broken hip. She keeps current with her primary doctor but doesn't need to see any specialists. In an average year, she may go to the doctor three times.

DESCRIPTION OF SERVICE	Alice's Costs under Plan N		Alice's Costs under Plan F	
		Yearly		Yearly
Part A deductible	One annual Hospital Stay	\$0	One annual Hospital Stay	\$0
Part A co-insurance	One annual Hospital Stay	\$0	One annual Hospital Stay	\$0
Annual Part B deductible	(First doctor's appointment goes toward deductible)	\$147	—	\$0
Part B co-insurance	—	—	—	—
Doctor visits	Remaining 2 visits during the year	\$40*	\$0	\$0
ER visits	No visits	\$0	\$0	\$0
Premium costs	Monthly	Yearly	Monthly	Yearly
AARP Medicare Supplement Plan premium payment	\$148.96	\$1,787.52	\$217.21	\$2,606.52
Employer contribution	\$50	\$600	\$50	\$600
Total premium costs	\$98.96	\$1,187.52	\$167.21	\$2,006.52
Total annual deductible and co-insurance costs	—	\$187	—	\$0
Annual total costs	\$1,374.52		\$2,006.52	

The situation above is fictitious and for illustrative purposes only.

*Up to \$20 co-pay for office visits and up to \$50 co-pay for ER. Alice would also need to pay her plan premium as an out-of-pocket cost. Information in this chart reflects cost and cost-sharing information from 2015.

In this example, the Medicare-approved amount for each doctor visit is \$147 and the doctor accepts Medicare's assignment.

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A MEDICARE SUPPLEMENT PLAN IN ACTION

Mike has a chronic heart condition that recently sent him into the hospital for a week. It's very important that Mike continue to see his primary doctor, as well as specialists. In an average year, Mike will see a doctor or specialist 4 times per month, and may find himself in the emergency room twice each year.

DESCRIPTION OF SERVICE	Mike's Costs under Plan N		Mike's Costs under Plan F	
		Yearly		Yearly
Part A deductible	One annual Hospital Stay	\$0	One annual Hospital Stay	\$0
Part A co-insurance	One annual Hospital Stay	\$0	One annual Hospital Stay	\$0
Annual Part B deductible	(First doctor's appointment goes toward deductible)	\$147	—	\$0
Part B co-insurance	—	—	—	—
Doctor visits	4 visits per month (minus the first visit)	\$940*	4 visits per month	\$0
ER visits	2 visits per year	\$100	2 visits per year	\$0
Premium costs	Monthly	Yearly	Monthly	Yearly
AARP Medicare Supplement Plan premium payment	\$148.96	\$1,787.52	\$217.21	\$2,606.52
Employer contribution	\$50	\$600	\$50	\$600
Total premium costs	\$98.96	\$1,187.52	\$167.21	\$2,006.52
Total annual deductible and co-insurance costs	—	\$1,187	—	\$0
Annual total costs	\$2,374.52		\$2,006.52	

The situation above is fictitious and for illustrative purposes only.

*Up to \$20 co-pay for office visits and up to \$50 co-pay for ER. Mike would also need to pay his plan premium as an out-of-pocket cost. Information in this chart reflects cost and cost-sharing information from 2015.

In this example, the Medicare-approved amount for each doctor visit is \$147 and the doctor accepts Medicare's assignment.

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AARP Medicare Supplement Plans
 Issued by UnitedHealthcare Insurance Company

THE BENEFITS OF AARP MEMBERSHIP

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.



- AARP membership provides:
 - ▶ Access to exclusive discounts, such as pharmacy, travel, dining and vision discounts.
 - ▶ A subscription to the award-winning AARP The Magazine and AARP Bulletin.
 - ▶ Important information on health, Medicare, Social Security and much more.
- AARP membership is available to individuals age 50 and older and can include up to two members in one household.

AARP MEDICARE SUPPLEMENT PLANS VALUE-ADDED SERVICES*



24-hour Nurse HealthLine

- Speak directly with registered nurses, toll-free, 24 hours a day, 7 days a week.
- Get treatment decision support and prescription and medication information, and have your symptoms reviewed.



Vision discounts

- Save on eye exams, eyeglasses and contact lenses.



SilverSneakers® Fitness Program

- Live healthier with free access to fitness centers and classes. Get a free gym membership at participating locations with amenities like exercise equipment and fitness classes included.

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TAKE THE NEXT STEP TODAY

Now that you know more about AARP Medicare Supplement Insurance Plans, you may be ready to enroll. Simply call the number below to get answers to your questions!



Call 1-800-545-1797 to speak with a licensed insurance agent/producer:

Get more information.

Find answers to your questions.

You may also enroll online at
aarpmedsuppretirees.com.

WHAT TO EXPECT WHEN YOU ENROLL

1. Enrollment Process

- Send in your completed (and signed) enrollment application, or complete the application over the phone by speaking with a licensed insurance agent/producer at the Call Center.

You may also enroll online at aarpmedsuppretirees.com.

- Receive your personal letter letting you know your enrollment form is processing.

2. Post-Enrollment

- Receive a post-enrollment kit, including certificate and coverage detail, and your AARP Medicare Supplement Plan ID card.
- An AARP member ID card will arrive after your enrollment is processed.
- You'll also receive important information about how to make the most of your health plan benefits.

3. Ongoing Support

- Periodic health and wellness communications.
- Courteous licensed insurance agents/producers to help answer your questions.

AARP MEDICARE SUPPLEMENT PLANS

Additional Information

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA 19044. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE PHONE NUMBER IN THIS ADVERTISEMENT TO RECEIVE COMPLETE INFORMATION (INCLUDING OUTLINES OF COVERAGE) SHOWING BENEFITS, COSTS, ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS.

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Optum is the provider of Nurse HealthLine. Optum nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. **These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) **and are not part of insurance coverage and may be discontinued at any time.** AARP and United do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

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AARP MEDICARE SUPPLEMENT PLANS

What Questions
Do You Have for Me?

eligibility Premium
value
RATES benefits
SERVICES
deductibles
PLANS



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Medicare Prescription Drug Plans (Part D)

- Medicare Part D is a government program that helps cover the costs of many prescription drugs.
- Original Medicare Parts A & B do not include prescription drug coverage
- Medicare Part D plans are available to those eligible for Medicare
- You can enroll in a Medicare Part D plan through a private insurance company like UnitedHealthcare or other companies contracted with Medicare
- If you don't join a Medicare Part D plan when you're first eligible, you may have to pay the Medicare late-enrollment penalty if you enroll later.

Medicare Prescription Drug Plans (Part D)

Two ways to get covered.

Added on.

A Medicare Part D plan can be added onto Original Medicare, a Medicare Supplement insurance plan or certain Medicare Advantage plan that doesn't include prescription drug coverage.

OR

Included.

Many Medicare Advantage plans include prescription drugs as a part of the standard plan coverage

UnitedHealthcare Prescription Drug Plans (Part D)

Coverage on thousands of brand name and generic drugs

- **Choice of plans** so you can choose the plan with the right coverage for you
- **Predictable co-pays as low as \$1** with our Preferred Retail Pharmacy Network¹
- **\$0 co-pay for 90-day supply of Tier 1 medications (typically preferred generic drugs)** through our Preferred Mail Service Pharmacy²
- **65,000+ convenient pharmacy locations** including large retailers and local drugstores

UnitedHealthcare Prescription Drug Plans (Part D)

Costs

All Medicare Part D plans are set up in drug payment stages. Each stage tells you the amount you pay and the amount your plan pays for covered medications.

Annual deductible

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage.

Initial Coverage	Coverage Gap	Catastrophic Coverage
You pay co-pay or co-insurance for each covered drug, depending on plan.	You pay 45% of brand name drug prices and no more than 58% generic drug prices.	Your plan will pay for most of the cost of your drugs.

Total Drug Costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs, starting January 2016. This does not include premiums.

Out-of-Pocket Costs: The amount you pay (or others pay on your behalf) for prescription drugs, starting January 2016. This does not include premiums.

Two Plans That May Fit Your Needs

Most prescription drug plans divide their list of drugs into tiers or levels. Generally, the lower the tier, the lower the cost you pay.

- If you have a drug in a higher tier, you may want to talk to your doctor to see if a drug in a lower tier will work just as well and save you money.
- Pay \$0 for a 90-day supply of most generic medications with OptumRx home delivery.

	AARP® MedicareRx Saver Plus (PDP)	AARP® MedicareRx Preferred (PDP)
At a Glance	Lowest premium, plus coverage for most commonly used generic drugs.	Good value with robust drug coverage.
Drug List	Includes most generic drugs covered by Medicare Part D and many commonly used brand-name drugs.	Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand-name drugs.
Annual Deductible	\$360	\$0
Monthly Premium	\$31	\$68.60
Tier 1 Co-pay	\$1	\$4
Tier 2 Co-pay	\$2	\$10
Tier 3 Co-pay	\$21	\$35
Tier 4 Co-pay	\$30%	40%
Tier 5 Co-insurance	25%	33%
NEW Preferred Pharmacy Network	Co-pays as low as \$1 when you fill your prescription at a preferred retail pharmacy.	Co-pays as low as \$4 when you fill your prescription at a preferred retail pharmacy.
Cost for Tier 1 and 2 medications with OptumRx home delivery	\$0	\$0